The Diabetes Group Medical Appointment -Improving Chronic Illness Care Outcomes

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Objective

- **Review successful best practice diabetes group shared medical appointment models to promote timely access to health care;**

Why Group Shared Appointments?

- Improve Access
- Structure a diabetes visit
- Improve patient satisfaction
- Improve provider satisfaction

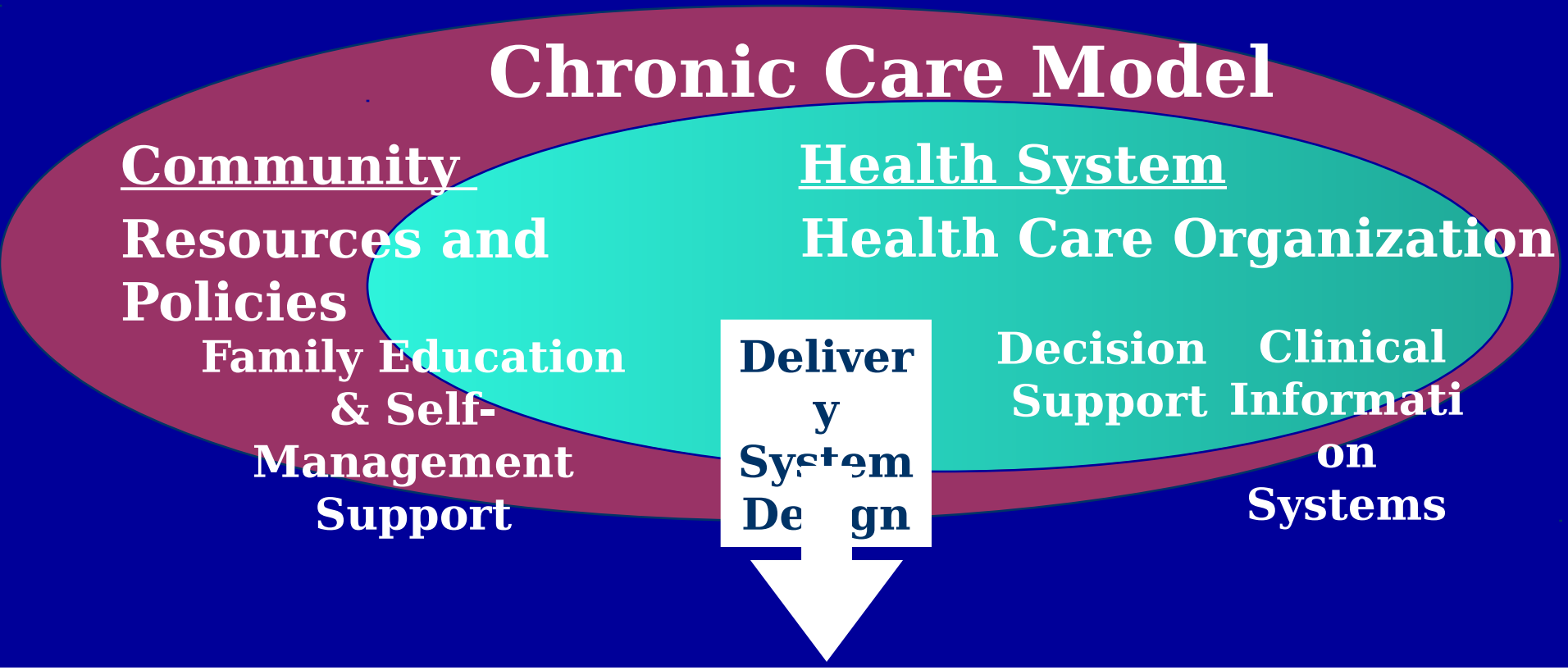
The Institute Of Medicine Quality Report: *Selected Quotes*

- "The current care systems **cannot** do the job."
- "Trying harder will not work."
- "Changing care systems will."

Barriers to Effective Chronic Disease Management

- Rushed practitioners not following established practice guidelines (according to surveys)
- Lack of care coordination
- Lack of active follow-up to ensure the best outcomes
- Patients inadequately trained to manage their illnesses

Chronic Care Model



- Team roles and tasks-group vs. individual visits
- Care based on accepted guidelines
- Primary care team assures continuity
- Regular follow-up care

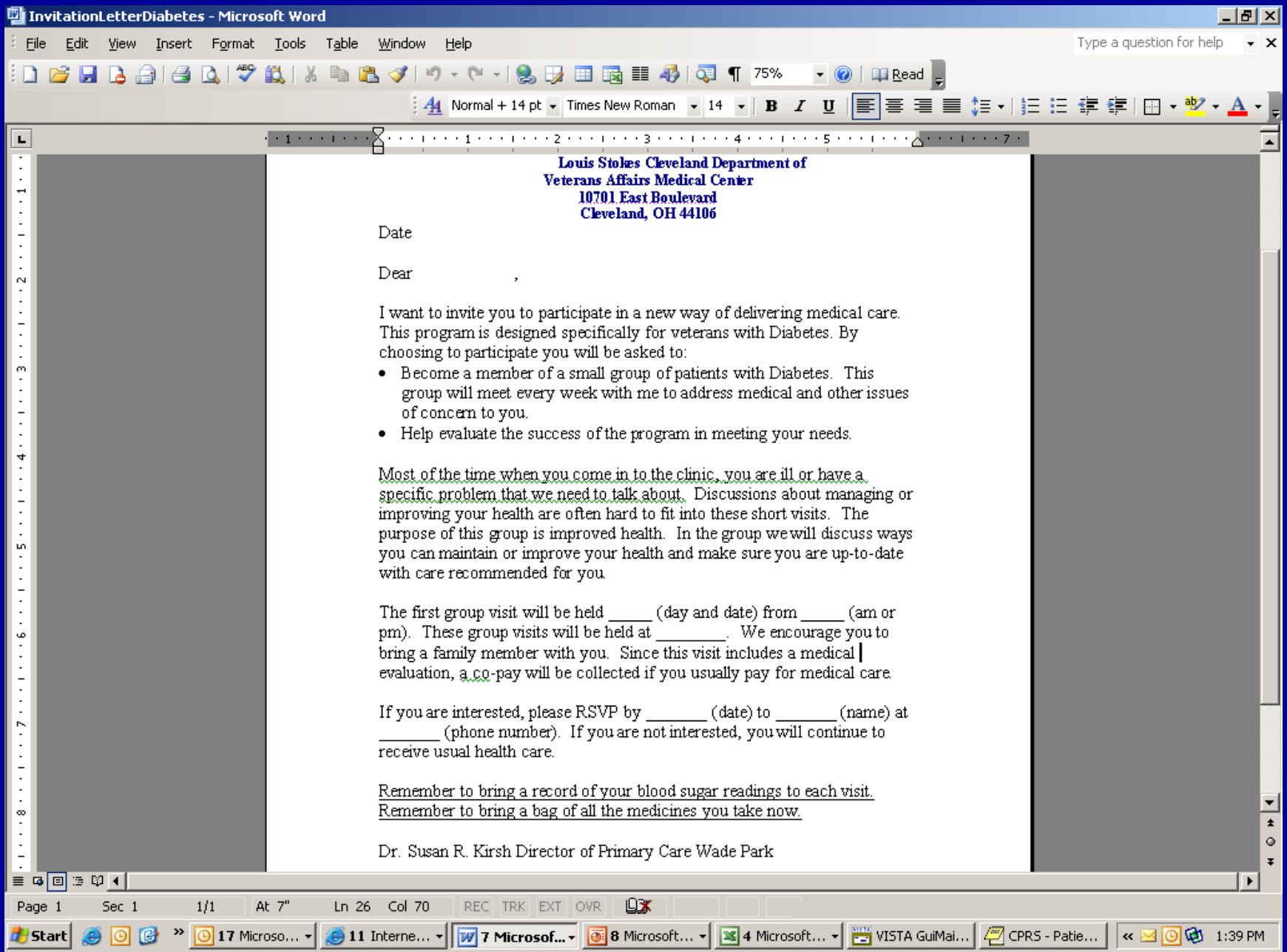
Chronic Care Model: Six Components

- Community resources and policies
- Delivery system design –SMA's,RN case management, foot screening by RD's, Light-duty RN's calling about Eye reminders
- Self-management support –goal setting, all A1c'c > 9% automatic letter for DSME class
- The health care organization –open to change
- Decision support –Guidelines in templates
- Clinical information systems –Registries, Clinical reminders, cprs, individual feedback

Themes in the Group Shared Medical Appointment Model

- Evidence-based
  - Valuing excellence (and evidence) guideline driven
- Patient-centered
  - Each patient is heard
  - Patients teach each other
- Population-based-(use Registries-clinical reminders!)

Invitation Letter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Louis Stokes Cleveland Department of
Veterans Affairs Medical Center
10701 East Boulevard
Cleveland, OH 44106
Date
Dear ,
I want to invite you to participate in a new way of delivering medical care. This program is designed specifically for veterans with Diabetes. By choosing to participate you will be asked to:
• Become a member of a small group of patients with Diabetes. This group will meet every week with me to address medical and other issues of concern to you.
• Help evaluate the success of the program in meeting your needs.
Most of the time when you come in to the clinic, you are ill or have a specific problem that we need to talk about. Discussions about managing or improving your health are often hard to fit into these short visits. The purpose of this group is improved health. In the group we will discuss ways you can maintain or improve your health and make sure you are up-to-date with care recommended for you.
The first group visit will be held _____ (day and date) from _____ (am or pm). These group visits will be held at _____. We encourage you to bring a family member with you. Since this visit includes a medical evaluation, a co-pay will be collected if you usually pay for medical care.
If you are interested, please RSVP by _____ (date) to _____ (name) at _____ (phone number). If you are not interested, you will continue to receive usual health care.
Remember to bring a record of your blood sugar readings to each visit.
Remember to bring a bag of all the medicines you take now.
Dr. Susan R. Kirsh Director of Primary Care Wade Park
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Clerk Script

Hello Mr./Ms._____

I am calling from the Louis Stokes Cleveland VA. My name is Bernard from scheduling.

Dr. Kirsh the medical director of the outpatient clinics here and your provider have asked me to call you about joining our diabetes group medical clinic. We sent out a letter to you a while back about it.

Our records indicate you could use some help with your diabetes, blood pressure or cholesterol and this group clinic is designed to help improve your health.

You will be joining other veterans with similar problems. The visit lasts about 2 hours with our doctor.

May I schedule you for one of our Friday 1:00 pm afternoon openings?

Tips & Tricks….

- Reminder phone calls greatly increase attendance!
- Make it interactive

- Have patients teach each other- (kidney transplant pt. teaching others to protect kidney-very powerful)

- Have fun

Structure of SMAs

- **Personnel**
  - staff-: 1 MD, 1NP/CDE, 1 RN, 1 Pharm D, 1 Psychologist
  - 10-15 patients/session
- **Sessions**
  - 90 minutes length; Return visi interval: 4-8 weeks until goals achieved
- **Group activities**
  - Education; Review of labs; Discussion
- **Individual activities**
  - Medication management; referrals; progress tracking

Don’t Hog the Group Time

- Group Interaction is Powerful
- Health care professionals are often tempted to use group visits as an opportunity to lecture patients – to tell patients everything they think patients should know about the disease process, treatment, etc. This can seriously undermine the success of the group visit.
- Resist the temptation to take over and lecture! Trust the group to lead the way. The role of the health care team is to facilitate the group interaction.

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VA Hospital Hypoglycemia 15-15 RULE

Blood glucose of less than 70 is considered low blood sugar. Some symptoms you can expect are:

Mild	Moderate	Severe
Shakiness	Difficulty moving	Seizure
Sweating	Confusion	Coma
Fast heart beat	Unusual behavior	Combative
Dizziness		
Hunger		
Blurred vision		
Difficulty concentrating		
Palpitations		
Hunger		
Anxious		
Headache		
Tired		

Causes of Low Blood Sugar

- ☐ Taking too much insulin or medication
- ☐ Missing a meal or snack or eating less than usual
- ☐ More activity or exercise than usual
- ☐ Drinking alcohol on an empty stomach

How to Treat a Low Blood Sugar Below 70

15 Grams of Carbohydrate

- ☐ 1 Tube of glucose gel
- ☐ 3 glucose tablets
- ☐ 6 pieces of hard candy
- ☐ 8 oz. of milk, skim
- ☐ 4 oz. of juice, no tomato/V-8
- ☐ 1 tablespoon of jam/preserves, jelly, honey, sugar

How to Treat a Low Blood Sugar Below 50

30 Grams of Carbohydrate

- ☐ 2 Tubes of glucose gel
- ☐ 6 glucose tablets
- ☐ 8 oz. of juice
- ☐ 2 tablespoons of jam/preserves, jelly, honey, sugar

Check your blood sugar results in 15 minutes, if no improvement repeat treatment with 15 GM of Carbohydrate. Follow with your next meal, if it is time, or have a snack of 1/2 sandwich and a glass of milk if it is 1-2 hours or longer away.

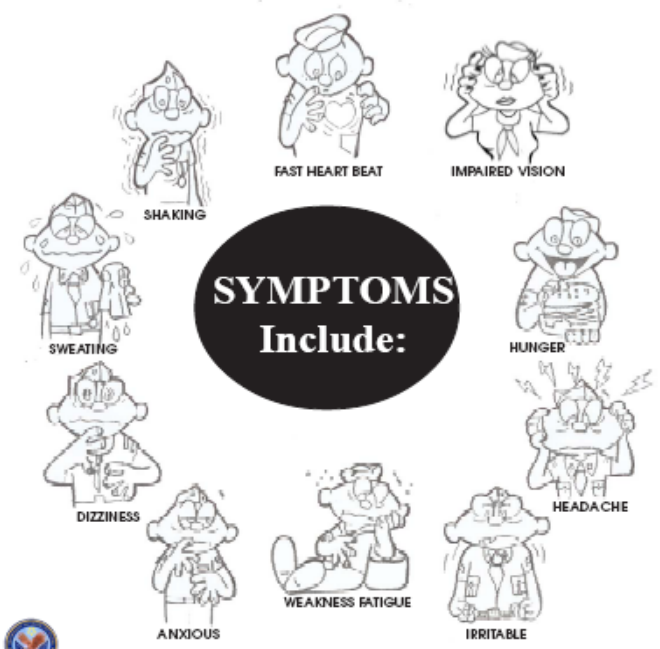
Remember

- ☐ Wear an identification bracelet or necklace (ask your diabetes educator)
- Always carry a quick source of sugar with you
- ☐ Check your blood glucose before driving and never drive when it is low
- ☐ Call your doctor or Telephone Advice Nurse if you have repeated low blood sugars.
- ☐ If not responsive or unable to swallow, please call 911.
- ☐

VA Telephone Advice Nurse (216) 231-3260 or 1-888-350-3100

Causes of low Blood Glucose are:

- Taking too much insulin or medication
- Missing a meal or snack
- More exercise than usual



Louis Stokes Cleveland VA Medical Center

LSCVAMC 1e-R 12/21/04

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Remembering Your ABC's!!

Heart disease and stroke are the leading causes of early death in people with diabetes. But you can fight back!! Adherence to the ABC's of diabetes care may help reduce your risk as well as other adverse outcomes of diabetes including blindness, kidney disease and limb amputation. Take control of your ABC's of diabetes today and live a long and healthy life.

A is for A1c. Your 3-month blood sugar.

Target: Less than 7% (average blood sugar less than170)

A

A is for Aspirin.
Aspirin everyday helps to thin the blood, which can help prevent heart attacks and stroke.
Check with your doctor before starting daily aspirin.

B

B is for Blood Pressure
Target: Less than 130/80
High blood pressure makes your heart work too hard and can cause damage to your kidneys and eyes.

Things you can do to help lower blood pressure:

- Take medications as ordered
- Lose weight/maintain desirable body weight
- Add or increase exercise
- Decrease salt/sodium in your diet
- Find ways to manage your stress
- Stop smoking
- Limit/avoid drinking alcohol
- Add more fruits and vegetables to your diet

C

C is for Cholesterol.

The lousy cholesterol (LDL) builds up and clogs your arteries, which increases your risk of a heart attack or stroke.

Things you can do to help lower your bad cholesterol and increase your good cholesterol:

- Decrease your intake of animal fats
- Add or increase your exercise
- Use monounsaturated fats (olive & canola oil, nuts) instead of saturated fats (butter, lard, vegetable oil)

Normal

Build up of cholesterol

Targets:	***LDL (lousy) Cholesterol***	***Less than 100***
	HDL (healthy) Cholesterol	***More than 40 (men)***
		More than 50 (women)
	Triglycerides	***Less than 150***

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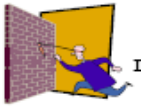
DIABETES AND STRESS

Diabetes can be a stressful condition. You work hard to eat the right foods in the right amounts at the right time. You take your medication as prescribed by your doctor, and you exercise regularly. And somehow, your blood sugar readings are still outside the target range. It can be frustrating.

Dealing with stress is especially important for people with diabetes because stress may affect your ability to manage this disease. If you are under stress, you may skip meals or forget to take your medication, which will affect your blood sugar levels.

Here are some tips to help you cope with stress.



Identify your barriers· What is causing you stress?

- Your job?
- Family?
- Meal planning?
- The financial burden of diabetes care?
- If you can decide what is adding to your stress, you will be one step closer to managing it.

Create a diabetes support group to help you overcome the barriers·

Do you feel alone in your diabetes management? Don't be afraid to ask for help. Your family and friends would be a good place to start. If you do not feel comfortable asking them, ask your doctor, registered dietitian or other clinicians about community support groups. You could also refer to the Community Resource Handout.

them, ask your doctor, registered dietitian or other clinicians about community support groups. You could also refer to the Community Resource Handout.

Speak with your doctor about exercise· While exercise is great for weight loss and reducing blood sugars, it has also been shown to help reduce stress. Try to get at least 30 minutes of extra activity at least five days a week. Try to find activities you enjoy such as walking, playing catch with your kids, mowing your grass or gardening. Be sure you have glucose tablets in your pocket when you exercise.

Practice breathing exercises· Sit or lie down and uncross your legs and arms. Take in a deep breath. Then push out as much air as you can. Breathe in and out again, this time relaxing your muscles on purpose while breathing out. Repeat breathing exercises for 5 to 20 minutes at a time. Do the breathing exercises at least once a day.

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Tracking Sheet

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		How often	Goal	level
	A1c test to measure your average blood sugar control over the past 3 months… (Blood Sugar 90-130 before meals)	Every 3-6 months	7%-8%	_____
	Blood pressure control	Every visit	<140/80	_____
	Cholesterol levels.....	Yearly	LDL < 130	_____
	Diabetes kidney screening urine microalbumin test.....	Yearly		_____
	Eye exam: if last eye exam was normal..... if last eye exam was abnormal...	Every 2 years As directed		_____
	Foot exam (pulse, sensation, appearance)...	Yearly		_____
	Goals for self-management.....	Every visit		_____
	Heart protection with statins (cholesterol medication) and aspirin (if your doctor orders it).....	Every day if needed		_____
	I am convinced I need to set a self-management goal AND I am confident I can reach my self-management goal			_____

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Template Charting

- **For Group Section**
- Verbal consent to participate in this group visit was obtained prior to scheduling.
- Pt presented to Firm Diabetes Group. Topics discussed included:
- HbA1c goal <8%
- LDL goal <130 mg/dL
- Importance of glycemic control
- Complications of DM such as retinopathy, nephropathy, neuropathy, & ED
- Pt educated on signs/symptoms of hypoglycemia
- Pt educated on proper medication use and possible adverse effects
- Nutrition and/or DM Education consult entered
- Monofilament foot exam performed (if applicable)
- Optometry consult entered (if applicable)
- Importance of goal setting in chronic care management was discussed and self-management goal was established.

Template Charting

- **For Individual Section**
- Patient presents for individual assessment with this author.
- PLAN:
- 1) HTN (BP goal <140/90)-
- Not / At goal with BP of mmHg, P of . K+/Scr WNL.
- 2) DM (A1C goal <8%)-
- Not / At goal with A1C of %.
- 3) LIPIDS (LDL goal <130)-
- Not / At goal with LDL of mg/dL. LFTs WNL.
- Self-management goal:
- Labs ordered:
- RTC date:

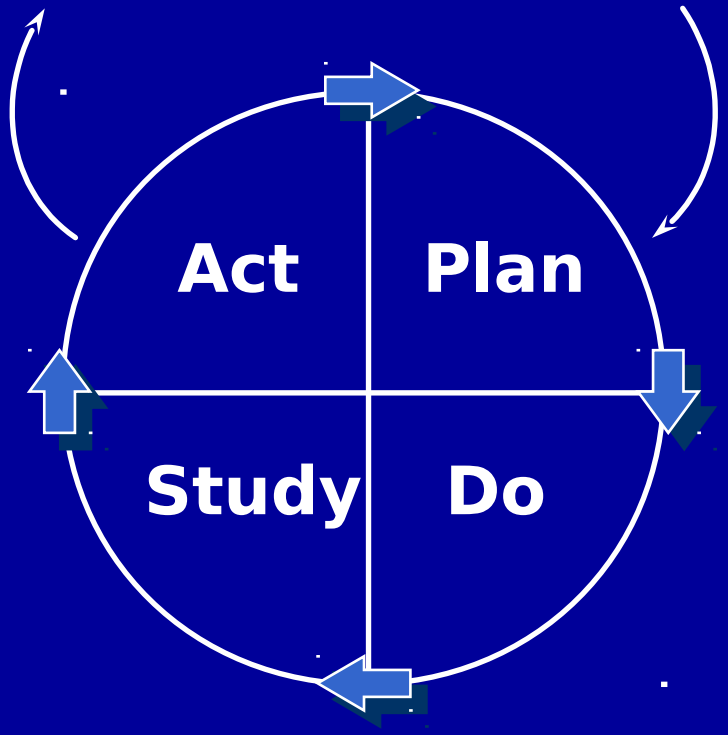
Institute for Healthcare Improvement

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

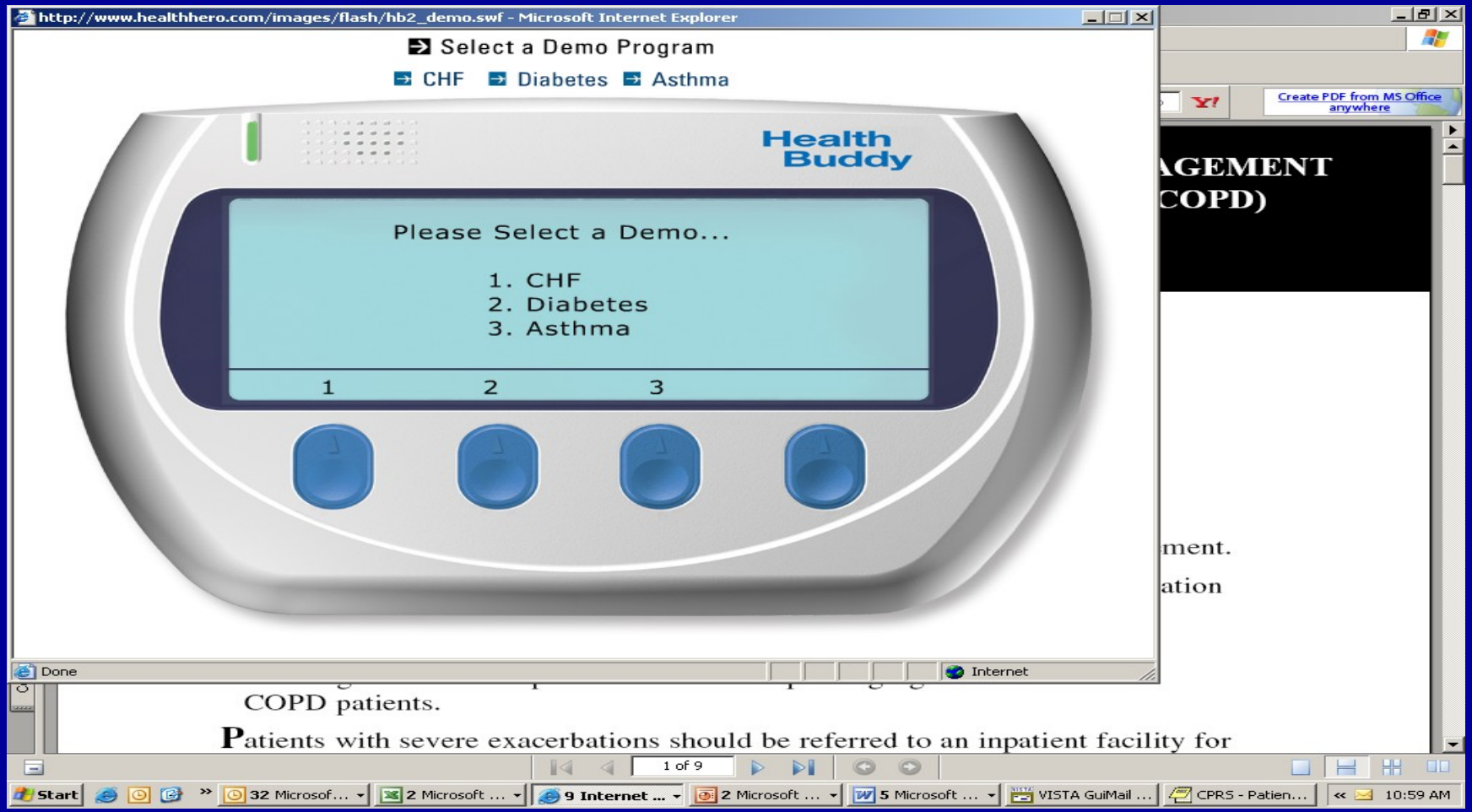


Results: SMAs prior to resident involvement (4-8/05)

	Pre	Post	change	P
A1c	9.98	8.85	-1.13	<0.01
SBP	147.0	132.5	-14.5	<0.01
LDL	121. 6	99.3	-22.3	0.11 (n=16)
Misc. (foot exam, ASA, self-mgt.goal setting		100%		

N=43 Average Age 59.93 paired t test

Health Buddy



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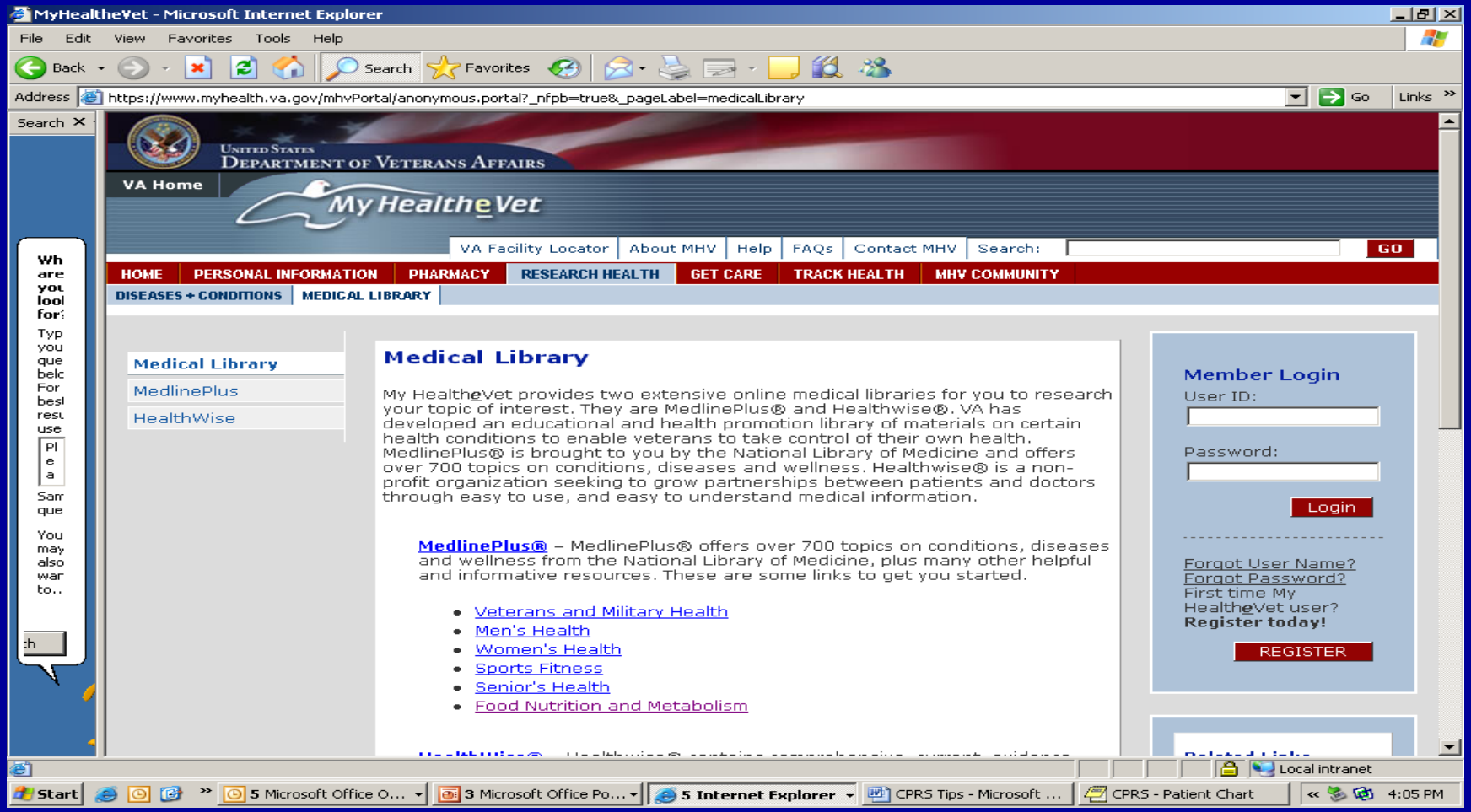
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MedlinePlus® – MedlinePlus® offers over 700 topics on conditions, diseases and wellness from the National Library of Medicine, plus many other helpful and informative resources. These are some links to get you started.
Veterans and Military Health
Men's Health
Women's Health
Sports Fitness
Senior's Health
Food Nutrition and Metabolism
Member Login
User ID:
Password:
Login
Forgot User Name?
Forgot Password?
First time My HealtheVet user?
Register today!
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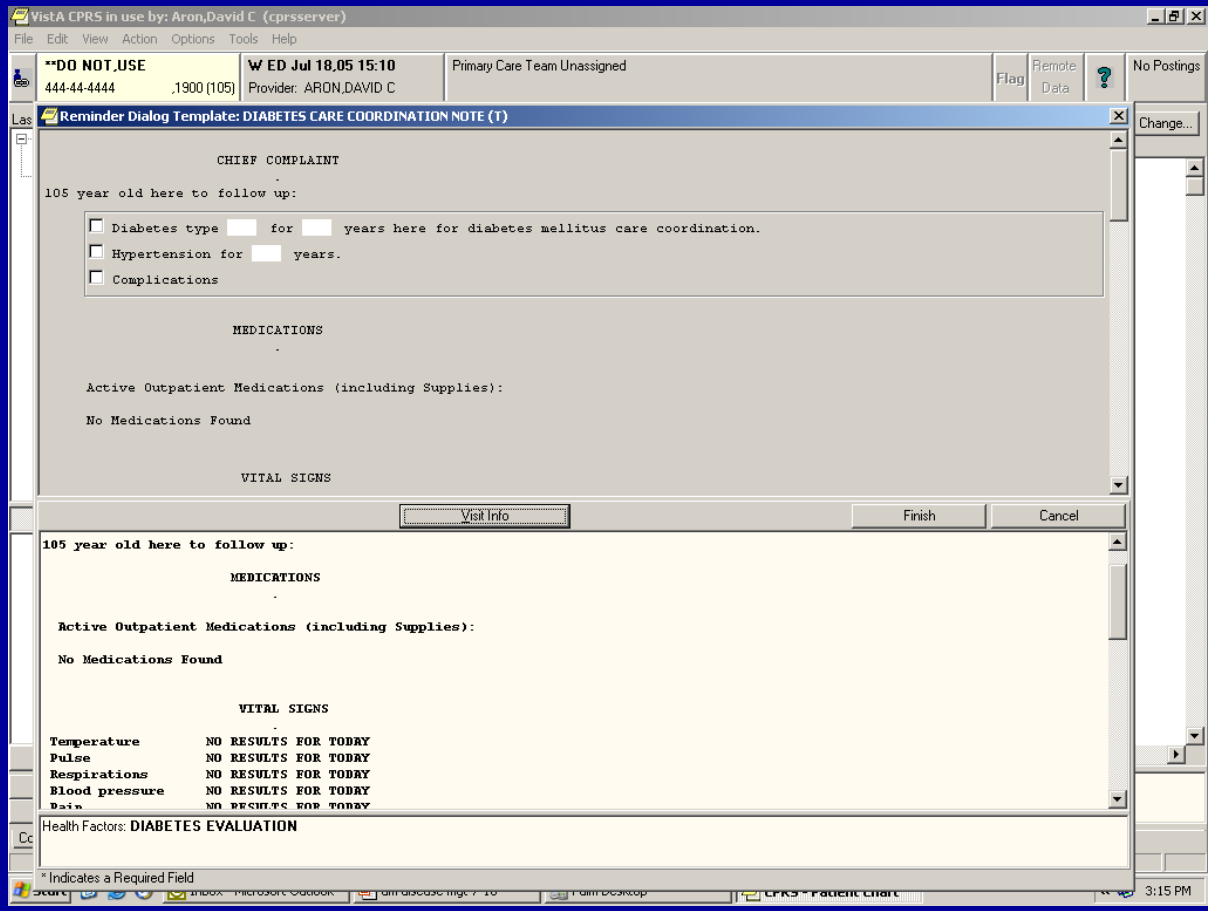
In the Prepared Team, Nurses have much larger role – facilitate with education

- Target high risk patients: A1c > 9%
- Surveillance - BP Ldl
- Foot screening
- DSMEd classes -A1c <9%
- Titration Clinic



Diabetes Note Template Downloads into the Diabetes Registry

E. Kern

S.

Cleveland VAMC Diabetes Registry

- Identify patients; follow for process and outcome measures; provide feedback; assess interventions
- Find, and target ‘needy’ patients – pro-active care
  - **Monitor number, stage, care of special groups: eg:**
    - **Chronic Kidney Disease**
    - **High Risk Lower Extremities**

Our Population of Patients with Diabetes

ØN=19,475; 98% Male

ØAge: Mean= 68.5; Median= 71

ØNumber (%) with insulin prescription in previous 9 months: 4,285(22%)

E. Kern

Clinical Reminder Data

Diabetes + HgbA1c>9

FY	Activity Period	# Unique	# Unique w/HgbA1c	# Unique w/HgbA1c >9	
2000	10/01/1999 - 09/30/2000	**10572**	8484	1507	14.25%
2001	10/01/2000 - 09/30/2001	12616	10619	1570	11.95%
2002	10/01/2001 - 09/30/2002	15558	13168	1638	10.53%
2003	10/01/2002 - 09/30/2003	17365	14982	1795	10.34%
2004	10/01/2003 - 09/30/2004	19123	16730	1945	10.17%
2005	10/01/2004 - 09/30/2005	**20603**	18143	1618	**7.85%**

Resources

- www.IHI.org
- http://www.improvingchroniccare.org/tools/criticaltools.html
- http://vaww.collage.research.med.va.gov/collage/E_diabetes/

- http://vaww.collage.research.med.va.gov/collage/E_CCHT/

- http://improvingchroniccare.org/

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changes. Proponents of national health-care reform extrapolate even further. "The VA proves that you can get better results with an integrated, organized, national health-care system," says Dr. Lucian Leape, a professor at the Harvard School of Public Health and a leading expert on hospital safety. "We will not achieve even close to the level of quality and safety we need [in the U.S.] as long as we have individual practitioners and hospitals doing individual things."

The VA is, in many ways, the exact opposite of America's fragmented private-sector system, where doctors work for hospitals as independent contractors, and third-party insurers pay the bills as they see fit. By far the largest health-care network in the U.S., the VA serves 5.4 million patients—double the number it treated 10 years ago. All veterans are eligible for free or low-cost care, paid for out of the federal budget. The 2006 allocation comes to $35 billion.

Not having to rely on piecemeal insurance payments means the VA can finance large-scale improvements such as the electronic medical-records system, up and running in all of its facilities since 2000. In contrast, only some 20% of civilian hospitals have computerized their patient records. Because the VA is a nationwide health-care system, its electronic network is national, which means all of its facilities can share data. When hospitals were evacuated from New Orleans during Hurricane Katrina, the VA's patients were the only ones whose medical records could be accessed immediately anywhere in the country.

Winning Scorecard

Hospitals in the Veterans Affairs system outpace those in the private sector by many measures

QUALITY of Care

The latest Rand Corp. study found that VA patients, on average, received about two-thirds of the care recommended by national standards, compared with just half for patients at a sample of the nation's other hospitals. Here's the breakdown:

HEALTH INDICATOR	VA SCORE*	NATIONAL SAMPLE**
Overall	67%	51%
Chronic care	72	59
Lung disease	69	59
Heart disease	73	70
Depression	80	62
Diabetes	70	47
Hypertension	78	65
High cholesterol	64	53
Osteoarthritis	65	57
Preventive care	64	44
Acute care	53	55
Screening	68	46
Diagnosis	73	61
Treatment	56	41
Follow-up	73	58

Patient SATISFACTION

For the sixth year in a row, veterans in 2005 were happier than other patients with their health care.

	VA	PRIVATE SECTOR
Inpatient	83*	73
Outpatient	80	75

*Out of 100 **Data:** American Customer Satisfaction Index

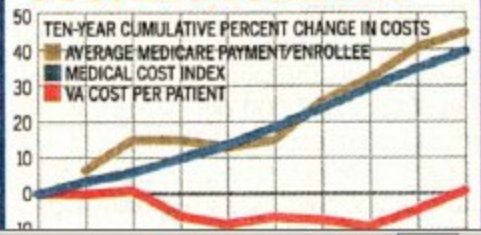
TECHNOLOGY Use

The VA has the most advanced electronic-records system in the U.S.

PERCENTAGE OF NEW-DRUG AND PROCEDURE ORDERS ENTERED ELECTRONICALLY	
VA	94%
Academic medical centers	30
Nationwide	8

Data: Commonwealth Foundation

Cost EFFICIENCY



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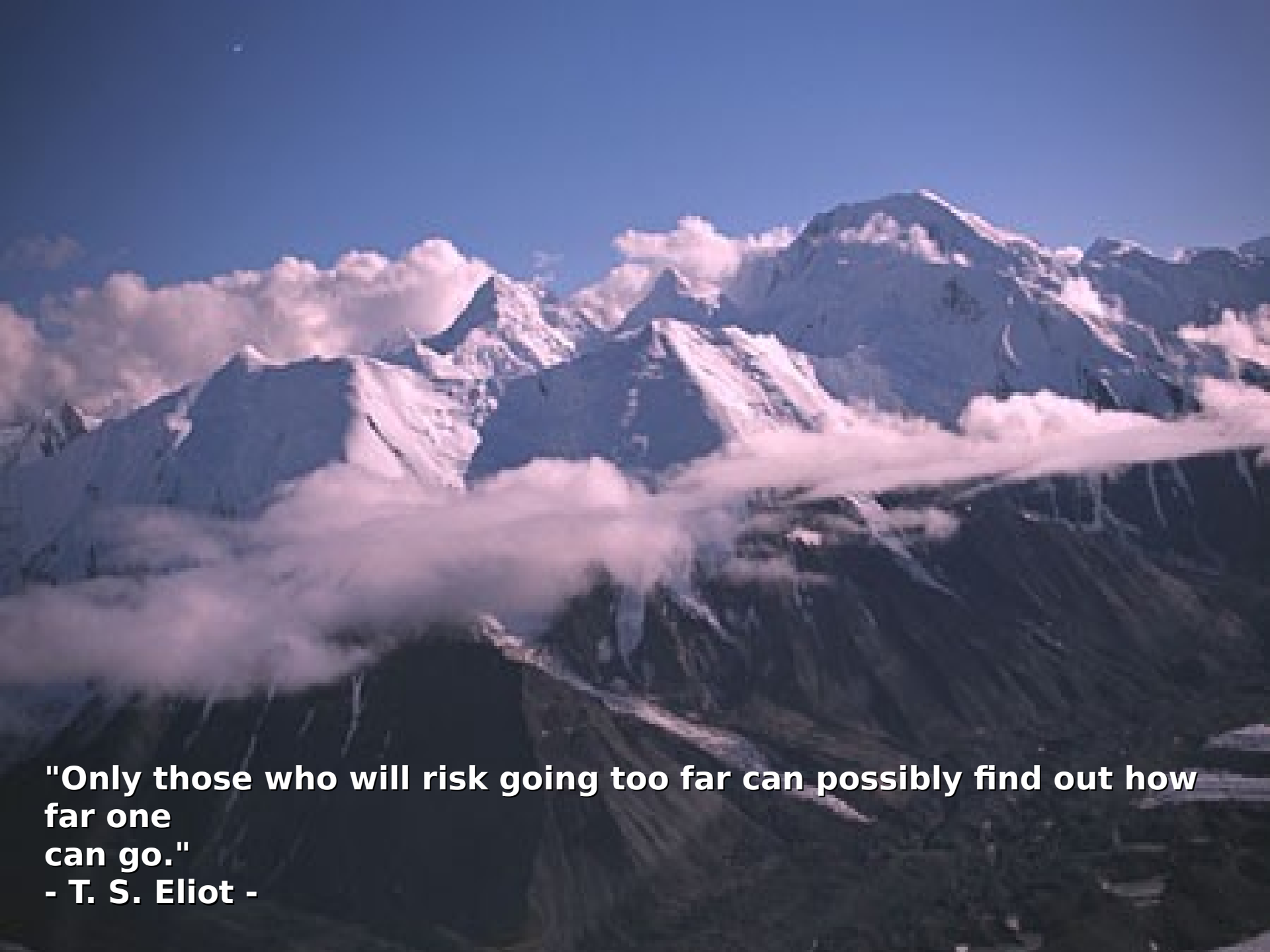
"Only those who will risk going too far can possibly find out how far one
can go."
- T. S. Eliot -